Arizona Department of Health Services

Division of Behavioral Health Services
Office of Human Rights
4400 E. Broadway Suite #300
Tucson, Arizona 85711
(520) 770-3107 or 770-3108
(520) 770-3366 FAX
Internet: www.hs.state.az.us/bhs

JANET NAPOLITANO, GOVERNOR
CATHERINE R. EDEN, DIRECTOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____   _____
       Consumer's Name   Date of Birth

Hereby authorize _____

Address _____

To release the information described below to:

Person and Agency _____

Address _____
_____

☐ Psychiatric Assessments/Evaluations   ☐ Psychosocial History   ☐ Medications
☐ Diagnosis/Prognosis   ☐ Treatment/Service Plans   ☐ Test Results/Labs
☐ Triage/Discharge Summary   ☐ School Records   ☐ Team Staffings
☐ Progress Notes   ☐ Verbal Communications
☐ Other _____
☐ Information from the following facilities (Specify agency name and information needed): _____
_____

to include records on drug abuse, alcoholism, sickle cell anemia, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or tests for HIV information.

Purpose for disclosure: _____
_____

I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken. This consent will expire automatically six months from the date on which it is signed (or 60 days with respect to drug and alcohol abuse records). Any disclosure of medical record information by the recipient(s) is not authorized except when implicit in the purposes of the disclosure.

_____   _____
Signature of Consumer   Witness

_____   _____
Other required signature (if applicable)   Date

_____   If consumer is a minor and the information requested
Relationship to Consumer   relates to substance abuse records, his/her signature is
                                                                            required with the signature of parent/legal guardian.

Notice to Recipient: This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42CFR Part 2) prohibits you from making any further disclosure of it without this specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

_____   _____
Consumer Name   Consumer ID

Leadership for a Healthy Arizona